

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 20, 2009  
Secretary of State**

DOCUMENT# K20100

Entity Name: ARNAIZ AND ASSOCIATES, INC.

**Current Principal Place of Business:**

2800 PONCE DE LEON BLVD.  
SUITE 1100  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

2800 PONCE DE LEON BLVD.  
SUITE 1100  
CORAL GABLES, FL 33134 US

**New Mailing Address:**

FEI Number: 65-0040930      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ARNAIZ, LIVIA  
2800 PONCE DE LEON BLVD.  
SUITE 1100  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: ARNAIZ, LIVIA  
Address: 2800 PONCE DE LEON BLVD., SUITE 1100  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIVIA ARNAIZ

CEO

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date